County: Fond Du Lac Facility ID: 7830 Page 1

SHELTERED VILLAGE/RIPON 1002 EUREKA, PO BOX 265

RI PON 54971 Phone: (920) 748-6252		Ownershi p:	Nonprofit Church-Related
Operated from $1/1$ To $12/31$ Days of Operation:	366	Hi ghest Level Li cense:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	55	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/00):	60	Average Daily Census:	56
Number of Residents on 12/31/00:	55		

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	7. 3		
Supp. Home Care-Personal Care	No					1 - 4 Years	7. 3		
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	76. 4	More Than 4 Years	85. 5		
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14. 5				
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	5. 5		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	3. 6	***********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemi plegic	Full-Time Equivalen	Time Equivalent					
Congregate Meals No		Cancer				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)			
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	23. 6				
Transportation	No	Cerebrovascul ar	0.0			RNs	3. 3		
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	12. 4		
Other Services	No	Respi ratory	0. 0			Nursing Assistants			
Provi de Day Programmi ng for		Other Medical Conditions	0.0	Male	50. 9	Aides & Orderlies	34. 4		
Mentally Ill	No			Femal e	49. 1	Ì			
Provi de Day Programming for		İ	100.0			İ			
Developmentally Disabled	Yes		a ale ale ale ale ale ale ale		100. 0		ate ate ate ate ate ate ate		

Method of Reimbursement

		Medic	are		Medi c	ai d											
		(Title	18)		(Title	19)		0th	er	P	ri vate	Pay	1	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				54	100. 0	\$104. 29	0	0.0	\$0.00	1	100. 0	\$125.00	0	0.0	\$0.00	55	100.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		54	100. 0		0	0.0		1	100.0		0	0.0		55	100.0%

SHELTERED VILLAGE/RIPON

***********	******	*********	*******	*****	**********	**********	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces,	and Activities as of 12/	31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	16. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	36. 4		45. 5	18. 2	55
Other Nursing Homes	0.0	Dressi ng	52 . 7		34. 5	12. 7	55
Acute Care Hospitals	16.7	Transferring	72. 7		21.8	5. 5	55
Psych. HospMR/DD Facilities	33. 3	Toilet Use	60. 0		32. 7	7. 3	55
Rehabilitation Hospitals	0.0	Eating	80. 0		14. 5	5. 5	55
Other Locations	33. 3	**************	********	*****	**********	****************	******
Total Number of Admissions	6	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	0.0	Receiving I	Respiratory Care	1. 8
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	45. 5	Recei vi ng T	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	45. 5	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	0.0				Receiving (Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng T	Tube Feeding	7. 3
Psych. HospMR/DD Facilities	50.0	Physically Restrained		10. 9	Receiving M	Mechanically Altered Diets	49. 1
Rehabilitation Hospitals	0.0						
Other Locations	33. 3	Skin Care			Other Resider	nt Characteristics	
Deaths	16. 7	With Pressure Sores		0.0	Have Advance	ce Directives	0. 0
Total Number of Discharges		With Rashes		3. 6	Medi cati ons		
(Including Deaths)	6				Receiving I	Sychoactive Drugs	40. 0

	Thi s]	FDD	Al l		
	Facility	Facilities		Fac	ilties	
	%	%	Rati o	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	93. 3	85. 5	1. 09	84. 5	1. 10	
Current Residents from In-County	52. 7	42. 1	1. 25	77. 5	0. 68	
Admissions from In-County, Still Residing	0. 0	19. 5	0.00	21. 5	0.00	
Admi ssi ons/Average Daily Census	10. 7	16. 4	0. 65	124. 3	0.09	
Discharges/Average Daily Census	10. 7	19. 2	0. 56	126. 1	0.08	
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00	
Residents Aged 65 and Older	23. 6	16. 2	1. 46	87. 7	0. 27	
Title 19 (Medicaid) Funded Residents	98. 2	99. 5	0. 99	69. 0	1. 42	
Private Pay Funded Residents	1. 8	0. 5	3. 60	22. 6	0. 08	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0. 00	
General Medical Service Residents	0.0	0. 2	0. 00	18. 4	0. 00	
Impaired ADL (Mean)*	25. 1	50. 8	0. 49	49. 4	0. 51	
Psychological Problems	40. 0	45. 9	0. 87	50. 1	0. 80	
Nursing Care Required (Mean)*	7. 7	11. 0	0. 70	7. 2	1. 08	